

IDAHO EMS BUREAU
EMS FY2007 DEDICATED GRANT FUND
APPLICATION INSTRUCTIONS

REGIONAL CONSULTANT REVIEW: Schedule an appointment with your EMS Bureau Regional Consultant well in advance of the due date, May 31, 2006, to review your application. There have been several changes from previous years grant application forms. Your Regional Consultant will answer questions and resolve discrepancies which could have an adverse effect to your application.

WHO IS ELIGIBLE TO APPLY? Nonprofit or governmental agencies that hold a current EMS license issued by the state of Idaho can apply for the FY2007 Dedicated Grant Program. Applicants must be licensed and qualified by May 31, 2006 to be eligible for consideration. Only one application will be accepted from each eligible licensed EMS agency. Nonprofit agencies must be currently registered with the Idaho Secretary of State and will be verified by the Bureau. A copy of this current registration document will be helpful.

WHAT CAN I APPLY FOR? Applicants can apply for EMS vehicles and EMS equipment. Requested vehicles must be appropriate for the agency level of licensure. Ambulance funding will only be awarded to licensed transport agencies. Requested equipment must be appropriate for the agency level of licensure and associated scope of practice. Historically, snowmobiles, boats, ATVs, trailers, etc. have not been awarded, however they may be requested as 'Equipment' items. Be certain your narrative justifies your request for this type of equipment. Adult and pediatric epinephrine auto-injectors may be requested as an 'Equipment' item if your agency has completed and returned the *Epinephrine Auto-Injector Program Licensure Agreement*. Disposable patient care supplies and training equipment are not eligible. Fire fighting equipment will not be funded.

WHEN IS THE APPLICATION DUE? Applications will be eligible for consideration only if postmarked or hand delivered to the EMS Bureau Regional Office no later than the end of the business day **May 31, 2006**. See addresses and phone numbers on the enclosed EMS Bureau map. Late applications shall be excluded from consideration for an award.

WHAT NEEDS TO BE TURNED IN? Submit the completed FY2007 Application and any applicable attachments:

- Completed *Request for Taxpayer Identification Number and Certification* (W-9)

- City and county endorsement(s). Maximum points for scoring may be attained by attaching endorsements from each Idaho city and county in your primary response area
- Vehicle price quote(s)
- Pictures of vehicle to be replaced (3/4 view from back and 3/4 view from front)
- Copy of registration or title to vehicle to be replaced
- Narrative of need – each vehicle request
- Equipment price quote(s)
- Narrative of need – each equipment request

Applicable attachments are required for the application to be considered complete.

WHAT IF I HAVE QUESTIONS? Please read the entire application and the instructions before meeting with your Regional Consultant to review the application. (See addresses and phone numbers on the enclosed EMS Bureau map.) If your question is time-sensitive and you cannot reach your Regional Consultant, please telephone the EMS Bureau Central Office at (208) 334-4000 for assistance.

WHAT INFORMATION IS REQUIRED ON THE APPLICATION? The following provides detailed instructions regarding the information required on the application. Please fill in all requested information as accurately as possible. Each answer you provide will contribute information to a predetermined data point system that will assess your overall score. Inaccurate or incomplete information could result in a lower score or even loss of grant consideration. **Applications missing required information shall be excluded from consideration for an award.** (See last page of application for required information.)

AGENCY INFORMATION

Annual Call Volume:

Enter the total number of EMS calls in Idaho received by your agency during year 2005.

Population:

- **Residents:** Enter the estimated number of individuals who have resided in your primary response area in Idaho for thirty (30) days or more. Your local Chamber of Commerce may be a source for this information.
- **Migrants:** Enter the estimated number of individuals in your primary response area in Idaho who earn 50% or more of their income in agriculture related work within a twelve (12) month period and who cannot return to their home base on a daily basis due to the distance involved. Your local Labor Department or Chamber of Commerce office may be a source for this information.
- **Tourists:** Enter the estimated number of individuals whose final destination is in your primary response area in Idaho. This number will be expressed as visitor days, which

is the number of tourists per day who travel to or stay at a destination within your primary response area in Idaho. The total number of tourists will be recorded as an annual estimated number. This does not include travelers passing through your response area such as highway traffic. Your local Chamber of Commerce office may be a source for this information.

Primary Grant Contact:

Enter the name of the primary grant contact person for your agency. Correspondence will be addressed to this person at the agency address.

Contact Information:

- Enter the phone number for your agency's primary grant contact person
- Enter alternate method for reaching your agency's primary grant contact person (cell phone, pager, e-mail address, fax, etc.)

FINANCIAL INFORMATION

From: Month – Year Through: Month – Year:

Use the most recently completed year of financial information available for your agency. Enter the beginning month and year and the ending month and year used for that twelve (12) month period. Use the same reporting period for both the 'Income' and 'Expense' tables. Information must be for a full twelve (12) month period and shall include all funds contributed to or expended on behalf of the agency even if the agency did not actually have possession of the funds.

Income:

Enter the appropriate amount in each revenue category. Enter "0" if no funds are received from a specific category:

- Ambulance Taxing District: If your agency received funding from any ambulance-taxing district, enter that amount.
- Fire Taxing District: If your agency received funding from any fire-taxing district, enter that amount.
- Hospital Taxing District: If your agency received funding from any hospital-taxing district, enter that amount.
- General Fund: Enter the amount received from your city or county general fund.
- State Motor Vehicle Funds: Enter the amount received from the Idaho Motor Vehicle Registration fund.
- Grant Funds: Enter grant funding received from any source, including EMS grants, both Dedicated and Training Grant funds.
- Patient Billing: Enter the amount collected from patient billing.
- Donations / In Kind Contributions: Enter the amount received from donations and contributions.
- Cash on Hand: Enter the amount available at the end of the year being reported.

- Investment Income: Enter the income received from any investments.
- Other: Enter any other income amount not previously declared.
- Total: Enter the total from the above column.

Expenses:

- Personnel: Enter the total amount of personnel related expenses.
- Operating: Enter the total amount of operating expenses.
- Capital: Enter the total amount of capital equipment or improvements.
- Other: Enter any other expense from categories not listed above.
- Total: Enter the total from the above column.

Verification Contact:

- Enter the name of the person who maintains your financial information and can verify the information submitted on the application.
- Enter the phone number for this person.
- Enter an alternate means for reaching this person (cell phone, pager, e-mail address, fax, etc.).

I. EMERGENCY VEHICLE APPLICATION INFORMATION

Complete only if you are applying for vehicle grant funding. Vehicle must be appropriate for agency use as defined in agency license.

- *Ambulance funding will only be awarded to agencies licensed to transport. Cost of a vehicle radio and gurney for ambulances will be added to vehicle awards and should not be included in the price quote.*
- *Non-transport vehicle requests must correspond to EMS related needs. Cost of a radio for non-transport vehicles will be added to vehicle awards and should not be included in the price quote.*

Vehicle(s) Requested Table

Complete the table listing the vehicle(s) you are applying for:

- Priority: If your agency is applying for more than one vehicle, enter each request. The first entry will be considered your first priority.
- Make: Enter the manufacturer name of the vehicle(s) chassis (i.e., Ford, Dodge, etc.).
- Model: Enter the model name of the vehicle(s).
- Purpose: Indicate what the requested vehicle(s) primary use will be from this list:

Ambulance: A vehicle designed to respond to the scene and transport patients by agencies licensed to do so.

Medical Rescue: A vehicle designed to respond to the scene of injury or illness, to carry personnel and equipment, but not intended to transport patients.

Rescue Extrication: A vehicle designed to respond to the scene of an emergency, to carry personnel and provide extrication or other rescue functions in addition to the provision of medical care, but not intended to transport patients.

- Configuration, enter one of the following:
Type I Ambulance: Box ambulance mounted on a truck chassis.
Type II Ambulance: Raised roof van ambulance.
Type III Ambulance: Box ambulance mounted on a van chassis.
Mini Mod Ambulance: A modified minivan commonly used for transfers.
Modified Truck: A pickup or other truck configured to meet the purpose with items such as a service body.
Modified SUV: A SUV configured to meet the purpose (i.e., Suburban).
Modified Van: A van configured to meet the purpose.
Other: For any other configuration, describe in the narrative section.
- 4x4: If the vehicle(s) will have four-wheel drive capability, enter "Yes".
- Base Price: Enter the base price of the vehicle(s) based on the vendor's price quote. Radios and gurneys, as appropriate, will be added to the vehicle award. Do not include the price(s) of these items.
- \$ Request: Enter the amount of funding requested for each vehicle. This amount should be the base price less any local available funds. If no local funds are available, the amount requested should be the same amount as the base price.

Total Number of Vehicles in Entire Fleet:

Enter the total number of licensed vehicles in your agency's entire fleet currently being used for emergency medical services. This should match the information included in your most recent licensure application.

Similar Vehicle(s) Currently in Use Table:

Complete the table listing all licensed vehicles similar in purpose to the one(s) being requested and currently in active use for the indicated purpose. This vehicle must be owned by the requesting agency. Refer to the category descriptions in the vehicle request table listed above.

- Mileage: Enter the mileage of each similar vehicle as of the application date
- License #: Enter the license number of each similar vehicle in your fleet
- VIN #: Enter the vehicle identification number of each similar vehicle in your fleet

Vehicle(s) to be Replaced Table:

Complete this table only if your agency plans to take a vehicle(s) out of service upon awarding of a new vehicle(s). Vehicles listed here should also be listed in the previous table. Vehicles designated as being replaced must be donated, sold, or reassigned to a different purpose (i.e., from transport ambulance to medical rescue, rescue extrication, etc.). A vehicle being replaced may not be considered in future applications whether it is sold or donated to another agency or retained and reassigned to a different purpose. Documentation showing disposition of the replaced vehicle must be provided to the EMS Bureau within ninety (90) days of receipt of new vehicle. If the narrative form states the vehicle to be replaced is very unreliable or unsafe, it should not be sold, donated to

another agency, or reassigned to a different purpose to be used for emergency medical services if a new vehicle is awarded.

- Priority #: Enter the corresponding priority number from the requested vehicle table
- Condition: Enter the condition of the vehicle(s) to be replaced using one of these descriptions:

"Excellent" "Good" "Fair" "Poor" "Very Poor"

- Age: Enter the age in years since the vehicle was new or the most recent re-chassis date
- License #: Enter the license number of the vehicle(s) your agency will replace if receiving an award for a new vehicle(s)

4x4 Needed:

Check one box for the percentage of responses on an annual basis which require four wheel drive capabilities to safely respond

Pictures of Vehicle(s) to be Replaced:

Attach pictures (3/4 view from back and 3/4 view from front) of each vehicle

Copy of Registration or Title to Vehicle to be Replaced

City or County to be Named on New Vehicle Title:

Enter the name of the city or county to be named on the title to the new vehicle(s). This governmental entity must have endorsed your application.

II. EMS EQUIPMENT APPLICATION INFORMATION

Complete only if you are applying for equipment grant funding. Historically, specialized equipment such as snowmobiles, boats, ATVs, trailers, etc., have not been funded, however may be listed as an 'Equipment' request using the 'Rescue' category for "Purpose". Justification for this type of equipment must be fully covered in the narrative document. Items requested must be appropriate to the agency level of licensure, training and associated scope of practice. Disposable EMS supplies are not eligible except in the case of Epi-Pens for agencies enrolled in the Epi-Pen program (see page 1). Training and fire fighting equipment is not eligible.

Equipment Requested Table

- Priority: If your agency is applying for more than one type of equipment, enter each request separately. Enter the items by priority as indicated in the table.
- Description: Enter the name of the equipment item requested. An item that can function independently is considered a single equipment request.
- Quantity: Each item that functions independently must be listed separately. Items that come in a set or work together to accomplish a single task (i.e., **extrication package**, hoses, tools, generator, etc.; **oxygen delivery**, O2 bottle & regulator; or **spinal immobilization**, backboard, spider straps & headbed) may be entered as '1' (set). Use total price of all necessary components.

- Anticipated Use: Enter an estimate of the number of times annually your agency anticipates patient conditions which will require the use of the equipment item being requested.
- Time Per Use: Enter the average number of **minutes** per call that the equipment would actually be in use.
- Purpose: Enter the purpose of the requested patient care equipment as one of the following categories:

Airway Management: any equipment associated with airway and breathing

Automatic External Defibrillator (AED): for BLS and ILS agencies to be used for cardiac arrest patients

Cardiac Monitor/Defibrillator: for ALS agencies only, to be used for defibrillation and monitoring of cardiac patients

Communications: any communications equipment utilized for patient care purposes

Extrication: any piece of equipment designed to be used to extricate a patient

Patient Assessment: any equipment associated with patient assessment

Patient Moving: any equipment associated with patient moving

Safety: any provider or scene safety equipment

Spinal Immobilization: any type of equipment designed to provide spinal immobilization

Splinting: any equipment associated with extremity splinting

Vital Signs Monitoring: any equipment associated with vital signs monitoring

Wound Care: any equipment associated with wound care

Other: state actual purpose in the narrative section of the application

- Base Price: Enter the base price per item based on the vendor's price quote.
- \$ Request: Enter the amount of funding requested for each item. This amount should be the base price less any local available funds. If no local funds are available, the amount requested should be the same as the base price.

Similar Equipment Currently in Use Table:

- Description: Enter each equipment item that you own that is similar in purpose to the item being requested
- Purpose: Refer to categories in the "Purpose" list
- Condition: Enter the condition of the equipment using one of these descriptions:
"Excellent" "Good" "Fair" "Poor" "Very Poor"
- Age: Enter the age in years since equipment was new or reconditioned
- Distance: Enter the distance in **miles** the equipment is from your response station. If you have the equipment on your vehicle, enter "0". If the equipment is available from another source, such as a mutual aid agency, enter the number of miles it is from your response station

- **Time:** Enter the time in **minutes** the equipment is from your response station. If you have the equipment on your vehicle, enter "0". If the equipment is available from another source, such as a mutual aid agency, enter the number of minutes it is from your response station.

Replace ?: Indicate "Yes" or "No" if the similar equipment is to be replaced, followed by the corresponding priority number (i.e., "Yes - 1", etc.). Equipment being replaced may not be considered in future applications whether it is sold or donated to another agency or reassigned to a different purpose (such as training). If the narrative form states the equipment to be replaced is very unreliable or unsafe, it should not be sold or donated to another agency to be used for emergency medical services if new equipment is awarded.

III. SIGNATURE

Authorized Signature:

The person authorized to sign for your agency should sign on the line indicated

Name and Title of Signer:

Enter the name and title of the person who has signed the grant application

Date:

Enter the date the application is signed

Attachments:

Request for Taxpayer Identification Number and Certification (W-9)

Complete with TIN listed on your agency licensure application

City and/or County Endorsement:

Attach a letter of endorsement of your agency's application from **all** cities and counties in Idaho within your agency's primary response area for maximum scoring points (see page 2). At least one endorsement is required to maintain grant eligibility. The letter should be on official letterhead and signed by the city or county representative. Letters should acknowledge need of items requested and support the request. Letters of endorsement from entities other than cities or counties do not count in the scoring process.

Price Quotes – Vehicle:

Attach a price quote for the vehicle(s) being requested. Price quotes should consist of at a minimum:

- Vendor name and address
- Date of the price quote
- Description of vehicle showing make, model, configuration, and if it has 4x4 capability
- Base price for a complete vehicle including delivery and modifications for it to be functional for the intended use. Do not include price of radio or gurney.

- Description and price of all optional items to be included in vehicle package

Narrative of Need – Vehicle:

The written narrative requires two parts. The first part describes the need for the vehicle(s). This could include reference to specific events that justify your request and the expected patient care outcome or service impact your agency would expect to experience if an award is received. Explain how this outcome would be determined. If the request is a result of a change in agency operation, this should be detailed. Each separate vehicle request requires a separate narrative. The second part is a description of other funding sources and the outcome and availability of these funds. If applicable, describe the lack of available funds from other sources and description of what other funding sources have been explored or used to generate funds to purchase the vehicle(s). Each narrative is to be no longer than one page in length if computer generated or, if handwritten and necessary, use two pages. Use the supplied *Narrative Form* (make as many copies as needed) or similar format.

Pictures of vehicle(s) to be replaced, if applicable:

3/4 view from back and 3/4 view from front

Copy of registration or title of vehicle to be replaced, if applicable

Price Quotes – Equipment:

Attach a vendor price quote for each equipment item being requested. Price quotes should consist of at a minimum:

- Vendor name and address.
- Description of equipment showing make and model.
- Description of any optional items to be included.
- Base price including delivery and any optional items.

Narrative of Need – Equipment:

The written narrative requires two parts. The first part describes the need for the equipment item(s). This could include reference to specific events that justify your request and the expected patient care outcome or service impact your agency would expect to experience if an award is received. Indicate how this outcome would be determined. If the request is a result of a change in agency operation, this should be detailed. If applicable, explain why the purpose of the requested equipment is indicated as 'Other' (page 7 of these instructions). **Each separate equipment item request requires a separate narrative.** The second part is a description of other funding sources and the outcome and availability of these funds. If applicable, describe the lack of available funds from other sources and description of what other funding sources have been explored or used to generate funds to purchase the equipment item(s). Each narrative is to be no longer than one page in length if computer generated or, if handwritten and necessary, use two pages. Use the supplied *Narrative Form* (make as many copies as needed) or similar format.

Eligibility:

All information required for the eight (8) categories listed at the end of the application form must be supplied to maintain eligibility for this grant. Providing false or incomplete information on any application or document being submitted is grounds for declaring the applicant ineligible. Any and all grant funds determined to have been acquired on the basis of fraudulent information must be returned to the EMS Dedicated Grant Account. Applications will be eligible for consideration only if postmarked or hand delivered to the EMS Bureau Regional Office no later than the end of the business day May 31, 2006. Late applications shall be excluded from consideration for any award.